



**ROCKLIN POLICE DEPARTMENT**

4080 Rocklin Road  
Rocklin, California 95677  
(916) 625-5400 FAX (916) 625-5495

# CITIZEN DECLARATION FOR PARKING VIOLATION

Check One:    Walk In ☐            Phone Call ☐            Mail In ☐

Taken By:	Date:	Time:
Name:	DOB:	
Address:	City:	ZIP:
Telephone Number (Home):	(Work):	
Citation Number:	Issuing Officer:	Badge Number:
Vehicle License:	Section Violated:	Location of Occurrence:
Date of Occurrence:	Day:	Time:
<b>THIS REQUEST FOR REVIEW MUST BE SUBMITTED WITHIN TWENTY-ONE (21) DAYS OF CITATION ISSUE DATE</b>		
<p>Section 40215 of the California Vehicle Code sets forth the procedure by which parking citations, those citations issued to parked or standing vehicles, are to be contested and reviewed. The first level of appeal is with the Department having jurisdiction where the citation was issued. If this level does not provide you with the remedy you thought was appropriate, you may appeal your citation to the Placer County Law Enforcement Agencies (PLEA) Parking Citation Administration Adjudication Hearing Examiner. If you feel the decision rendered by the Administrative Hearing Examiner is not proper, you may file an appeal with the Placer County Municipal Court.</p>		
<p><b>INSTRUCTIONS:</b> Print legibly and be as detailed as possible. You will be notified in writing within seven (7) days of a decision. In the event your appeal is denied, you have <u>fifteen (15) days</u> (from the date this decision is mailed to you) to request an administrative hearing. <b>Keep the citation in your possession. The filing of this request does not suspend the time period within which you have to pay any citation.</b></p>		
<p>I hereby request a review of the above citation for the following reason(s): (You must state specific facts as to why you feel this citation should not have been issued. Attach copy of parking permit, diagram, photographs or other information you wish to have considered).</p>		
I declare under penalty of perjury that the above statement is true and correct to the best of my knowledge.		
Signature:		Date:
*Copy of completed form will be provided to the citizen upon request. Date provided:		

Review Date: \_\_\_\_\_

- ☐ **Dismissal without penalty:** In the interest of justice, based on the facts and information presented herein, we have decided to dismiss the citation shown above, without penalty.
- ☐ **Dismissal with warning only:** In the interest of justice, based on the facts and information presented herein, we have decided to dismiss the citation shown above, without penalty, except to serve as a warning that a repeat violation would result in a penalty.
- ☐ **Appeal Denied:** Based on the facts and information presented herein, this appeal is denied. Any further appeal must be handled by requesting an Administrative Hearing. If an Administrative Hearing is desired, please call (800) 273-6488.

Comments of reviewer:  
By: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrative Review OfficerDistribution:      Date:

- ☐ Captain
- ☐ Records
- ☐ Citizen
- ☐ File
- ☐ JDS
- ☐ Rotation (Agency)
- ☐ Hearing Examiner